



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

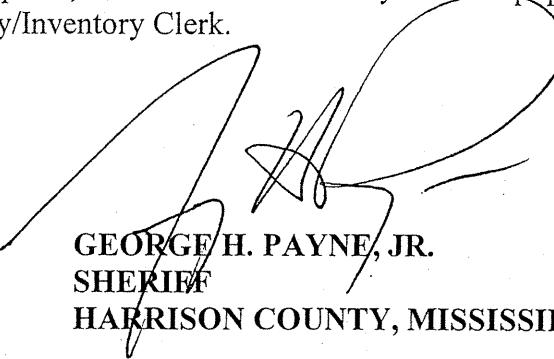
Personnel Order: 2006-0080

Subject: TERMINATION

Date: APRIL 11, 2006

To: REGINA RHODES

I have been advised of and approved your termination from the Harrison County Sheriff's Department, effective April 7, 2006. Return all county issued equipment and gear to Sherry Cruthirds, Supply/Inventory Clerk.

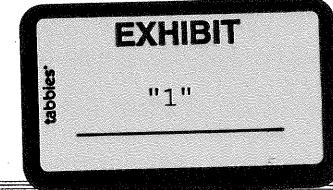


GEORGE H. PAYNE, JR.
SHERIFF
HARRISON COUNTY, MISSISSIPPI

GHP/plp

cc

Personnel File
Major Wayne H. Payne
Captain Steve Campbell
Major Dianne Riley
Captain Rick Gaston
Captain Rupert Lacy
Captain Walter Pitts
Lt. Joe Pevey
Kendra Necaise, Payroll/Time
Captain Windy Swetman
Shirley Ross, Civil Service Commission
Regina Leslie, Records
Sherry Cruthirds, Inventory/ Property Administrator
Dina Bates, Harrison County Personnel
Rhonda Faul, Payroll
Angela Blake, Chancery Clerk's Office



LEMMAS01

SHERIFF DEPT - PERSONNEL PROGRAM

LEWMAS01/HC

BADGE NO: 192 5 SSN: 612029314 DOB: 4 - 2 - 1977 RACE: W SEX: F
 NAME: RHODES, REGINA LYNN BLEOST#: D01897
 PHYSICAL ADDRESS: 2107 RUSTWOOD DRIVE DL NUM:
 CITY: BILOXI ZIP: 39532 - HOME NO: 3889050
 MAILING ADDRESS: SAME AS ABOVE
 CITY: ZIP: _____ PAGER NO: _____
 DATE HIRED: 5 - 17 - 2004 DATE TERMINATED: 04 - 07 - 2006 EMPLOYMENT TYPE: F
 DIVISION: JA RANK: OFFICER HIGHEST SCHOOL YEAR COMPLETED: 12 VET(Y/N): N

NEXT OF KIN:

NAME: RHODES, ROGER K RELATIONSHIP: FATHER
 ADDRESS: 2107 RUSTWOOD DR
 CITY: BILOXI, MS ZIP: 39532 - HOME NO.: 3889050
 EMPLOYER: VA BILOXI 5235721
 REMARKS: _____

ENTER THE APPROPRIATE DATA

| | | | | | | | | | | | | | | | |
|--|--|---|---|-----------|--------------|---|---|---|--|----------------------|----------------------|------------------------------|------------------------|--|---|
| Last Name <i>Phodes</i> | First Name <i>Regina</i> | Middle Initial | | | | | | | | | | | | | |
| Address | Number | Street | City | State | Zip Code | | | | | | | | | | |
| Social Security Number <i>61210219314</i> | Home Phone | Work Phone | Date of Birth | | | | | | | | | | | | |
| Driver's License Number | Type | Expiration Date | <input type="checkbox"/> Valid <input type="checkbox"/> Restricted <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended | | | | | | | | | | | | |
| <p>V O L U N T A R Y S U R V E X</p> <table border="1"> <tr> <td>Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male</td> <td>Check One of the following: (Marital Status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Spouse Employed</td> </tr> <tr> <td>U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander</td> </tr> <tr> <td>EEO Job Category </td> <td>EEO Job Function </td> <td>Impairment Type (If any) </td> </tr> <tr> <td>Foreign Languages? </td> <td><input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write</td> <td>Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> Certified</td> </tr> </table> | | | | | | Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male | Check One of the following: (Marital Status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Spouse Employed | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander | EEO Job Category | EEO Job Function | Impairment Type (If any) | Foreign Languages? | <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write | Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> Certified |
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| Military Service Branch: <i> </i> | | <input type="checkbox"/> Prior Service <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Active Reserves <input type="checkbox"/> Inactive Reserves | | | | | | | | | | | | |
| Department Name <i>Sheriff's Dept</i> | Account Number <i>001-211-432</i> | Fund Dept Obj. | Active Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| Job Title <i>Officer</i> | Worker's Comp Code | Last Raise Date | | | | | | | | | | | | | |
| Employee Pay Status <i>Full Time</i> | Pay Type <input type="checkbox"/> H <input type="checkbox"/> S | Current Pay Rate \$ | Proposed Pay Rate \$ | | | | | | | | | | | | |
| Emergency Notification | | Relationship | Telephone Number | | | | | | | | | | | | |
| Address | Number Street | City | State Zip Code | | | | | | | | | | | | |
| Comments: <i>George Payne, Sheriff</i> | | | | | | | | | | | | | | | |

Employee Head
HCFDD